Ecklund

<u>712</u>2638486 >> 15152814073

## R INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE



File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12<sup>8</sup>; Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, ell statements en la fective January 1, 2012, en for state office must be filed electronically and effective January 1, 2012, en statements and reports filed by all committees for state office must be filed statements and reports filed by all committees for State PACs and State

AM 11: 39

FTHICS AND

COMMITTEE NAME (Must be same as on Statement of Org	lanization)		
Crawford Co. Penetlican Wo	omen	FORM DR-2	
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City City Candidate (6) City City Candidate (6) City City City City City City City City	(2) State PAC (3) State Party	(Rev. 12/200)	,
Subdivision Candidate ( 8 )County PAC ( 9 )City PAC ( 10 )Schoo (11 ) Local Ballot Issue	Board or Other Political Subdivision PAC		(1522
CANDIDATE COMMITTEES ONLY:		Comm. #	
Candidate Name	Political Party (if applicable)		
	· · · · · · · · · · · · · · · · · · ·		
Office Sought	District (if Senate or House)		
Late reports are subject to possible civil and criminal penalties. Pucandidate's committee, and the chairperson, for any other type of	ursuant to lowa Code sections 68B.32A( committee, is the individual responsible	7) and 68A.401(3), the for filing timely and a	e candidate, for a ocurate reports.
SIGNATURE OF PERSON FILING REPORT	712.263.8486 TELEPHONE	4.27.	2010
	TELEPHONE	DATI	E SIGNED
(report date)  CHECK IF AMENDMENT TO REPORT DATED	19 2009 Indicate by #		
☐ Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed	of Dissolution Form DR-3.	ounty & Local Commit hich Election is held	
STATEMENT OF CASH ON HANI	D		
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fi	cash on hand at the end	s 6	70.76
ADD TOTAL MONEY TAKEN IN THIS PERIOD	·		
Schedule A: Cash Contributions total (Attach Sched	ule A) (*also see in-kind below)		35.00
Schedule F: Loans Received total (Attach Schedule	•		_
Schedule H: Total Sales of Campaign Property (Atta		· · · · · · · · · · · · · · · · · · ·	م
(Schedule H applies to Candidates' Com			
	SUB-TOTAL	. 7	05.76
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			
Schedule B: Expenditures total (Attach Schedule B)		4	95.00
Schedule F: Loan Repayments total (Attach Schedu	•		<u> </u>
CASH ON HAND at the end of this reporting period (if final rep			10.76
**UNPAID BILLS (From Schedule D - Attach Schedule D)	· · · · · · · · · · · · · · · · · · ·		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched			
**OUTSTANDING LOANS (From Schedule F - Attach Schedul			
" "	· · / ······	<b>.</b>	
CONSULTANT BREAKDOWN (Schedule G Attached?)		VEG	NO
CONSULTANT BREAKDOWN (Schedule G Attached?) CANDIDATE COMMITTEES ONLY:		YES	NO

3

## For instructions, See Back of Form **SCHEDULE** Reset Form Α MONETARY CONTRIBUTIONS -- MONEY TAKEN IN (Rev 07/03) RECEIPTS (Including candidate's personal funds) CHECK THIS BOX IF COMMITTEE NAME (Must be some as on Statement of Organization) AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD

CAUTION: Section 68B 32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	VIF FOR FUND- RAISER INCOME
3 28.01	CK# 2413	Denison 19 51442		<sup>5</sup> 17.50	
3 28 01	CK#   4.458	Mary Ann Michellough 304 Strain 51442	<b>\</b>	17:50	
	ID# CK#			·	
	ID# CK#				
	ID# CK#				
	CK#		SUB-TOTAL		

TOTAL (if last page of this schedule)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column



FOR INSTRUCTIONS	. SEE BACK OF	FORM
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Reset Form

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE. CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE A LIST OF ID NUMBERS IS AVAILABLE FROM THE IDWA ETHICS & CAMPAIGN DISCLOSURE HOARD

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE.	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2104	ID# CK#	TIEM MIEM	cleus	\$ <b>30</b> .00
) to 30	ID# CK#	TIKW	Muis	169 00
	ID# CK#			
	ID# CK#		10 to	
	ID# CK#			

				 	<b>* *</b>	
THIS	ROY	ADDI IER	TOC	ATER'/	^^MMITTEE¢	ANI Y

Purchases of certain campaign property coaling \$500 or more must also be invantoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A 402(3)(i))

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Page	1 .	of	Į .

SUB-TOTAL

TOTAL (if last page of this schedule)

99 00